

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

April 17, 2014

Ms. Kimberly Roberge, Administrator
Craftsbury Community Care Center, Inc.
1784 East Craftsbury Road
Craftsbury, VT 05826-9519

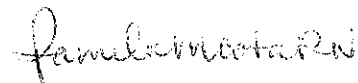
Dear Ms. Roberge:

Thank you for the cooperation you gave our surveyor during the annual survey and onsite entity self report investigation that was completed on **April 16, 2014**.

Enclosed is the Residential Care Home Survey Statement indicating that there were no regulatory violations related to the self report and that your facility is in substantial compliance with the current regulatory requirements. Congratulations to you and your staff.

If you have any questions regarding this report, please feel free to contact this office at (802) 871-3317.

Sincerely,



Pamela Cota, RN
Licensing Chief

PC:jl

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0292	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/16/2014
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NAME OF PROVIDER OR SUPPLIER CRAFTSBURY COMMUNITY CARE CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1784 EAST CRAFTSBURY ROAD CRAFTSBURY, VT 05826
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey and investigation of an entity self report were completed by the Division of Licensing and Protection on 4/16/14. The home was found to be in substantial compliance with regulations related to both the survey and the self report.	R100		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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